

5775777US

Date of Deposit

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Type a plus sign (+) inside this box →

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket Number</td> <td style="width: 50%;">H 3294 PCT/US</td> </tr> <tr> <td>First Named Inventor</td> <td>Hoeffkes, Horst</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td> </tr> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	H 3294 PCT/US	First Named Inventor	Hoeffkes, Horst	<i>COMPLETE IF KNOWN</i>		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	H 3294 PCT/US															
First Named Inventor	Hoeffkes, Horst															
<i>COMPLETE IF KNOWN</i>																
Application Number																
Filing Date																
Group Art Unit																
Examiner Name																
<h2 style="margin: 0;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2>																
<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> Declaration Submitted with Initial Filing </div> <div style="text-align: center;"> OR </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing </div> </div>																

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AGENT FOR COLORING KERATINACEOUS FIBERS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

y was filed on (MM/DD/YYYY)

12/14/1999

as United States Application Number or PCT International

Application Number **PCT/EP99/09901** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not Claimed	YES	NO
198 59 800.9	Germany	12/23/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington DC 20231.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP99/09901	12/14/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062		
Glenn E. J. Murphy	33,539		
Stephen D. Harper	33,243		
Kimberly R. Hild	39,224		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label 00423 OR ☒ Fill in correspondence address below

Name	Kimberly R. Hild						
Address	Henkel Corporation						
Address	2500 Renaissance Blvd, Suite 200						
City	Gulph Mills	State	PA	Zip	19406		
Country	USA	Telephone	610-278-4964	Fax	610-278-6548		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Horst	Middle Initial		Family Name	Hoeffkes	Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Carlo-Schmid-Str. 113						
Post Office Address							
City	40595 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	Doris			Middle Initial			Family Name	Oberkobusch			Suffix e.g. Jr.			
Inventor's Signature							Date							
Residence: City		Duesseldorf			State		Country		Germany		Citizenship		Germany	
Post Office Address		Aufm Rott 81												
Post Office Address														
City		40591 Duesseldorf			State		Zip		Country		Germany		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	David			Middle Initial			Family Name	Rose			Suffix e.g. Jr.			
Inventor's Signature							Date							
Residence: City		Hilden			State		Country		Germany		Citizenship		Great Britain	
Post Office Address		Am Eichelkamp 223												
Post Office Address														
City		40723 Hilden			State		Zip		Country		Germany		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	Melanie			Middle Initial			Family Name	Hitz			Suffix e.g. Jr.			
Inventor's Signature							Date							
Residence: City		Dormagen			State		Country		Germany		Citizenship		Germany	
Post Office Address		Platanenstr. 10												
Post Office Address														
City		41542 Dormagen			State		Zip		Country		Germany		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.			
Inventor's Signature							Date							
Residence: City					State		Country				Citizenship			
Post Office Address														
Post Office Address														
City					State		Zip		Country				Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto														